

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ Ms.

☐ Mr. Artist

DIANE BELFIGLIO

☒ yes

☐ no

Permanent

Address

1412 SCHNEIDER NW, N. CANTON

(Last Name Last)

Street

City

44720

Tel. (216) 494-0696

Zip

Area Code

ART DEPT.

Temporary or

Studio Address

THE UNIVERSITY OF AKRON

Street

City

44305

Tel. (216) 375-7011

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in?

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Diane E. Belfiglio

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Diane E. Belfiglio

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☒ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

PRISMACOLOR PENCIL

Title

CHAIR AND DOOR

Price or NFS

\$550

Insurance Value
if NFS Only

Size

12 3/8" x 22"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

45 (2)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☒ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

299-50-0976

PRISMACOLOR PENCIL V Bellagio

Title

SHADOW PATTERNS IV

Price or NFS

\$550

Insurance Value
If NFS Only

Size

24" x 8 3/8"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN
THIS SECTION

46 (2)

ACCEPTED

REJECTED

X

RECEIVED

DATE

DETACH

1983 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

DIANE BELFIGLIO

Name

1412 SCHNEIDER ROAD, NW

Address

NORTH CANTON, OH 44720

City & State

Zip

This is your only receipt to claim your object(s).

NOTIFICATION #2

DO NOT
DETACH

1

☐ 1. Paintings

☐ 4. Sculpture



2. Graphics

☐ 5. Crafts

☐ 3. Photography

Title

CHAIR AND DOOR

LS

DO NOT WRITE IN THIS SECTION

45 (2)

ACCEPTED

X

REJECTED

2

☐ 1. Paintings

☐ 4. Sculpture



2. Graphics

☐ 5. Crafts

☐ 3. Photography

Title

SHADOW PATTERNS IV

DO NOT WRITE IN THIS SECTION

46 (2)

ACCEPTED

REJECTED

X

RETURN OF OBJECTS:

REJECTED: MAY31- JUNE 4

ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.